COVID-19:WHAT DO WE KNOW? WHERE DO WE GO?

GNYHCFA

Wednesday, June 28, 2020

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Select Interventions that Helped Sheepshead

1) Problem: limited access to rapid and reliable testing

Solution: placed all residents on contact and droplet precautions

2) Problem: staff fell ill causing shortages

Solution: shifted and expanded staff roles to fill in gaps

3) Problem: rapidly evolving unpredictable situation

Solution: created a transparent organizational structure that was available and flexible

4) Problem: the challenge was too large to overcome ourselves

Solution: formed partnerships with city and state agencies as well as community organizations

5) Problem: staff morale

Solution: placed staff first by celebrating wins and mourning losses together and provided mental health counseling

6) Problem: patient morale

Solution: instituted video conferencing with families on a large scale and facilitated window visits

COVID-19:WHAT DO WE KNOW? WHERE DO WE GO?

1. PCR Testing
2. Telemedicine
3. Advance Care Planning
4. Social Isolation/Loneliness

COVID-19 PCR Testing

What do we know?

1) Asymptomatic infected individuals have the potential for substantial viral shedding and can contribute to viral spread
2) Elderly can exhibit atypical signs and symptoms of COVID-19

Where do we go?

Accessing RT-PCR testing with rapid turnaround times of < 48 hours is essential for diagnosis of COVID-19 and prevention of viral spread

Morbidity and Mortality Weekly Report

Asymptomatic and Presymptomatic SARS-CoV-2 Infections in Residents of a Long-Term Care Skilled Nursing Facility — King County, Washington, March 2020

Anne Kimball, MD[1,2]; Kelly M. Hatfield, MSPH[1]; Melissa Arons, MSc[1,2]; Allison James, PhD[1,2]; Joanne Taylor, PhD[1,2]; Kevin Spicer, MD[1]; Ana C. Bardossy, MD[1,2]; Lisa P. Oakley, PhD[1,2]; Sukarma Tanwar, MMed[1,2]; Zeshan Chisty, MPH[1]; Jeneita M. Bell, MD[1]; Mark Methner, PhD[1]; Josh Harney, MS[1]; Jesica R. Jacobs, PhD[1,3]; Christina M. Carlson, PhD[1,3]; Heather P. McLaughlin, PhD[1]; Nimalie Stone, MD[1]; Shauna Clark[4]; Claire Brostrom-Smith, MSN[4]; Libby C. Page, MPH[4]; Meagan Kay, DVM[4]; James Lewis, MD[4]; Denny Russell[5]; Brian Hiatt[5]; Jessica Gant, MS[5]; Jeffrey S. Duchin, MD[4]; Thomas A. Clark, MD[1]; Margaret A. Honein, PhD[1]; Sujan C. Reddy, MD[1]; John A. Jernigan, MD[1]; Public Health – Seattle & King County; CDC COVID-19 Investigation Team

- COVID-19 outbreak in an 82-bed nursing facility in Washington State
- of 23 residents with positive test results, 13 (57%) were asymptomatic at time of testing
- testing indicated large quantities of viral RNA in both asymptomatic and symptomatic residents
- symptom screening failed to identify residents with COVID-19 and was inadequate in controlling transmission

https://www.cdc.gov/mmwr/volumes/69/wr/mm6913e1.htm,
https://onlinelibrary.wiley.com/doi/full/10.1111/jgs.16642,
https://www.nejm.org/doi/full/10.1056/NEJMe2009758?query=recirc_curatedRelated_article

CDC Testing Guidelines for Nursing Homes: Updated June 13, 2020

Facilities should have a testing plan in place that includes the following:

- surveillance testing of staff and residents
- viral testing of residents who have signs or symptoms of COVID-19
- expanded viral testing if there is an outbreak.
- repeat viral testing every 3-7 days, until testing identifies no new cases

DOES YOUR TESTING PLAN INCLUDE THESE ELEMENTS?

https://www.cdc.gov/coronavirus/2019-ncov/hcp/nursing-homes-testing.html

Nursing Home Reopening Recommendations

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop C2-21-16
Baltimore, Maryland 21244-1850

Center for Clinical Standards and Quality/Quality, Safety & Oversight Group

Ref: QSO-20-30-NH

DATE: **May 18, 2020**

TO: State Officials

FROM: Director
Quality, Safety & Oversight Group

SUBJECT: Nursing Home Reopening Recommendations for State and Local Officials

IS YOUR FACILITY READY TO REOPEN?

Telemedicine

What do we know?

- Telemedicine use pre-COVID-19 in SNFs has been proven to reduce unnecessary and avoidable ER visits and hospitalizations
- During the pandemic, telemedicine can increase access to primary and specialty care in SNFs while helping to prevent viral spread

Where do we go?

- Develop an infrastructure that supports continued and expanded use of telemedicine to improve quality of care
- Encourage use of telemedicine by local primary care physicians

Telemedicine: Use Cases in Nursing Facilities

- replace “phone medicine” with virtual bedside visits
- reduce staff exposure to COVID-19
- increase availability of specialty consults
- allow quarantined staff to continue treating patients

TRENDS
FROM THE FIELD

Impact of After-Hours Telemedicine on Hospitalizations in a Skilled Nursing Facility

David Chess, MD; John J. Whitman, MBA; Diane Croll, DNP; and Richard Stefanacci, DO

- pilot study evaluated the effectiveness of after-hours telemedicine coverage services at nursing home

- results
  - Reduced 91 avoidable hospitalization over period of one year
  - Payer savings: $1.55 million
  - SNF revenue benefit: > $80,000 net increase in revenue

https://www.ajmc.com/journals/issue/2018/2018-vol24-n8/impact-of-afterhours-telemedicine-on-hospitalizations-in-a-skilled-nursing-facility

Modifications to CMS Telehealth Requirements During COVID-19 Public Health Emergency

- reimbursement allowed in both rural and urban SNFs
- FaceTime or Skype are permissible
- limitation on telehealth to once every 30 days - waived
- doctors, nurse practitioners, physician assistants + physical, occupational, and speech/language pathologists can now bill
- video requirement for telemedicine visit – waved
- audio visits reimbursed at an equal rate to in office-visits

https://www.cms.gov/newsroom/press-releases/trump-administration-issues-second-round-sweeping-changes-support-us-healthcare-system-during-covid

What is the Future?

- further studies must be done comparing clinical outcomes of in-person and telehealth visits

- The relaxation of telehealth regulations and expansion of reimbursement for telemedicine

MAY or MAY NOT

be removed once the crisis subsides

- “phone medicine” is obsolete.

https://mhealthintelligence.com/news/lawmakers-push-to-extend-telehealth-freedoms-past-the-covid-19-emergency

Advanced Care Planning

What do we know?

Frail elderly patients fair worse and have a higher risk of death due to COVID-19 than others.

Where do we go?

Training staff on how to effectively conduct goals of care conversations with residents and families ahead of time will help ensure patient values, goals, and treatment preferences are met.

Advanced Care Planning

1) start the conversation early and convey realistic options

    - COVID can be lethal for elderly and those with chronic conditions
    - those who are placed on a ventilator have a high risk of death
    - comfort care can be the most humane way to ensure comfort and dignity at end of life

1) create a plan that honors values, goals, and fears of patient

3) provide symptom management support for those who choose comfort care

Resources

- VitalTalk
- Center to Advance Palliative Care
- Respecting Choices
- American Academy of Hospice and Palliative Care

Social Isolation / Loneliness

What do we know?

Social isolation and loneliness is prevalent in the elderly and are problems that have been exacerbated by COVID-19

Where do we go?

Identifying and managing social isolation and loneliness will improve resident health and well-being

Social Isolation/Loneliness: Background

- social isolation - objective state of having few social relationships or infrequent social contact
- loneliness - subjective feeling/perception of isolation
- more than one third of adults over age 45 report being lonely
- physical impairments such as immobility and hearing loss may increase risk

https://assets.aarp.org/rgcenter/general/loneliness_2010.pdf

Social Isolation/Loneliness: Negative Health Effects

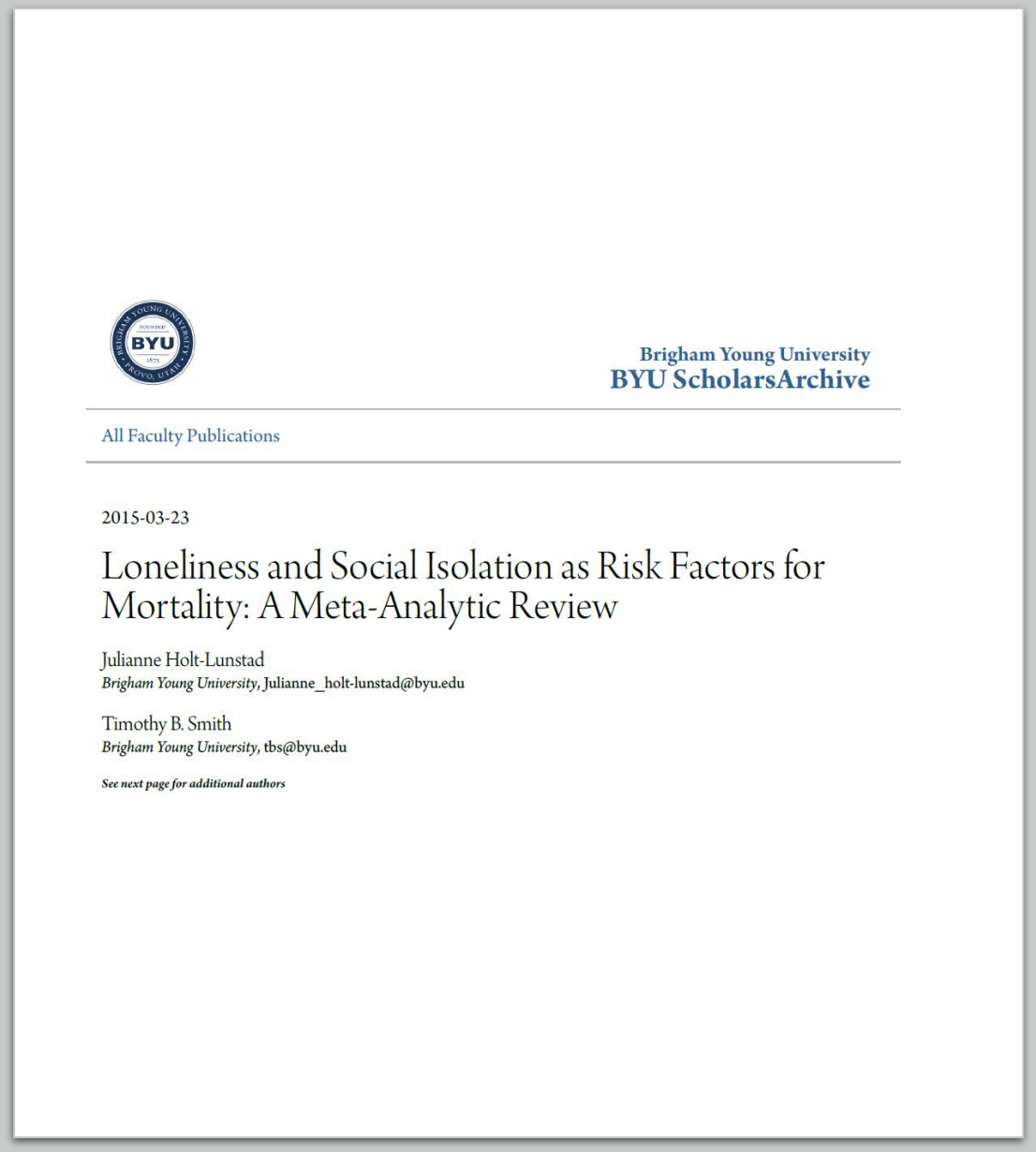
The negative physical, cognitive, and psychological effects include an increase in one's risk for:

- premature mortality
- coronary artery disease and stroke
- hypertension
- progression of frailty
- depression
- cognitive decline and dementia

https://www.aarp.org/health/conditions-treatments/info-2018/social-isolation-symptoms-danger.html
https://www.campaigntoendloneliness.org/threat-to-health/
https://academic.oup.com/ppar/article/27/4/127/4782506

Impact on Mortality

- analysis of cumulative data from 70 independent prospective studies revealed an increased likelihood of death of
  - 26% for reported loneliness
  - 29% for social isolation
- this effect on mortality is comparable to risk factors such as smoking 15 cigarettes a day and obesity



2015-03-23

Loneliness and Social Isolation as Risk Factors for Mortality: A Meta-Analytic Review

Julianne Holt-Lunstad
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See next page for additional authors

Step 1: Perform an Assessment

Goals

a) identify residents who can benefit from intervention

b) ensure resources are reaching those in most need

c) evaluate impact of intervention

https://www.campaigntoendloneliness.org/frequently-asked-questions/measuring-loneliness/

Scale:
INSTRUCTIONS: Indicate how often each of the statements below is descriptive of you.

C indicates "I often feel this way"
S indicates "I sometimes feel this way"
R indicates "I rarely feel this way"
N indicates "I never feel this way"

1.	I am unhappy doing so many things alone	O S R N
2.	I have nobody to talk to	O S R N
3.	I cannot tolerate being so alone	O S R N
4.	I lack companionship	O S R N
5.	I feel as if nobody really understands me	O S R N
6.	I find myself waiting for people to call or write	O S R N
7.	There is no one I can turn to	O S R N
8.	I am no longer close to anyone	O S R N
9.	My interests and ideas are not shared by those around me	O S R N
10.	I feel left out	O S R N
11.	I feel completely alone	O S R N
12.	I am unable to reach out and communicate with those around me	O S R N
13.	My social relationships are superficial	O S R N
14.	I feel starved for company	O S R N
15.	No one really knows me well	O S R N
16.	I feel isolated from others	O S R N
17.	I am unhappy being so withdrawn	O S R N
18.	It is difficult for me to make friends	O S R N
19.	I feel shut out and excluded by others	O S R N
20.	People are around me but not with me	O S R N

Scoring:

Make all O's =3, all S's =2, all R's =1, and all N's =0. Keep scoring continuous.

eport Measures for Love and Compassion Research: *Loneliness and Interpersonal Problems* Fetzer Institute

Step 2: Craft an Intervention Strategy

Develop a personalized response rather than offer a one-size fits all solution

Interventions:

1) support and maintain existing relationships
   - maximize video visits during this time of limited visitation

2) foster and enable new connections
   - socially distanced group activities
   - match staff or an outside volunteer with resident
   - encourage all staff to make each resident interaction meaningful
   - virtual religious services
   - therapeutic robotic pets

3) assist residents in changing their thinking about their social connection
   - Cognitive Behavioral Therapy and mindfulness

Summary

1. Accessing RT-PCR testing with rapid turnaround times of < 48 hours is essential for diagnosis of COVID-19 and prevention of viral spread
2. Developing an infrastructure that supports telemedicine can improve quality of care
3. Training staff on how to effectively conduct goals of care conversations ahead of time will help ensure patient values, goals, and treatment preferences are met.
4. Identifying and managing social isolation and loneliness will improve resident health and well-being

Thank You

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